

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596793

FILING DATE

APPLICANT(S)

CLAIMS

(1)	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2	1		1			
3		1		1		
4		3		1		
5		3		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
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TOTAL IND.	2		2		0	
TOTAL DEP.	24	←	19	←	0	←
TOTAL CLAIMS	26	████████	21	████████	0	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	0		0		0	
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0	████████	0	████████	0	████████